

# Child Health and Disability Prevention (CHDP) Program Material Order Form



Please fill out the order form completely and follow the example below. Enter the title as it is in the resource lists and select a language when appropriate. If you would like materials in multiple languages, enter each language as a separate material request. In some cases and for larger requests, you may receive a camera-ready original of which you can make copies. Please provide us with your name and telephone number so that we may contact you with questions.

TITLE	LANGUAGE	QUANTITY
<i>(Example: Caring for Your Teeth)</i>	<i>English</i>	<i>50</i>

Name \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP)

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_ (Optional)

**Fax or mail the completed form to:**

**Nancy Jones**  
P.O. Box 85222, MS P511H  
San Diego, CA 92186-8522  
Fax: (619) 692-8827



**QUESTIONS?**  
Contact Nancy Jones, (619) 692-5561